

From Where We Are to Where We Should Be

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IT DOES NOT take long after one assumes the chairmanship of a local chapter of the California Medical Assistants' Association to realize the potential power within the grasp of this organization. We soon find that to request is to command; to suggest is to influence.

We are cautioned in our installation services to "walk circumspectly," and we must heed this admonition.

You will find the word "club" is not well suited to the medical assistants' associations; rather the longer, but more definitive terms such as "educational" or "professional" organization apply.

This is a dignified, influential, educational professional organization; let no member impeach its dignity, misuse its influence, ignore its educational potential, or fail to respect its professional standing.

It has been comfortable, to this point, to ignore issues which might be a bit controversial, but in so doing we can overlook our responsibilities. And let there be no mistake—we have responsibilities.

We have not been reluctant to recognize our responsibilities to our members; our educational programs have progressed at a speed amazing to behold. But others look to us for guidance, and we must become equal to the task.

Many of our local chapters have already seen the need and encouraged and worked with local schools in establishing preemployment medical assistant training. We soon found that this also involved appearing at local high schools on career recruitment campaigns—and we delighted in the task. The provision of on-the-job training was accepted as a natural "side effect" of these two programs, and furnished with good grace.

Until recently these programs have been without coordination or direction on a state level but, typically, we have begun to exchange ideas and, with the coming Certification program, realize that we must be more unified in our program material.

Now, let's take a look at a responsibility we have, heretofore, not had to face; that of publishing a list of medical assistant courses sponsored or recommended by the medical assistants organizations. Requests for this information have been steadily

increasing, and will continue to do so. With the establishment of our Certification program I predict the volume of such queries will accelerate rapidly. We have hesitated to take a stand on any course since this would mean investigating all of them. Is it not time that we do this? Can we deny it is one of our responsibilities? Can we say one of the primary duties of a medical assistant is public relations, then refuse to advise future medical assistants who have turned to us for guidance, letting them find out for themselves that a course in which they have spent much time and money is, essentially, worthless?

Whether we like it or not, this task is coming and, with the advent of Certification, will be needed. We might also recognize that such action on our part would give the schools a standard to which to conform and should, therefore, raise the standards throughout the state and perhaps many of the now poorly functioning "schools" will become valuable tools for education.

While we are at it, let's take a look at Certification, and what it may mean to us. First, it will truly define the term "medical assistant"; it will assist in obtaining for us a definite place on the medical team, recognizable by all persons.

It is estimated that in little more than a decade California will be the most heavily populated state in the Union, with an estimated 10 per cent of the population of the country residing in this state. This, coupled with rising income levels, increasing use of health insurance plans, and improved education of the public will bring about a continuing heavy demand on the health facilities of this state.

It does not take much imagination to see that the physician's skills and time must be implemented to the utmost. The recent report of the Governor's Committee on Medical Aid and Health states: "At every level of skill, health personnel should make maximum possible use of their highest ability. A physician without a nurse or technician is limited as to the number of persons he can see. Proper use . . . [must] . . . be made of allied health personnel."

We, as important members of the health team, must be able to compare our place on that team with our own current worth, and then accept the responsibility of educating ourselves to keep up

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with the increasing technical, scientific and socioeconomic developments facing us.

It wasn't long ago that a starry-eyed youngster just out of high school could adequately fill the job of a doctor's Girl Friday—many of us started out just that way. But, today we are acutely aware that this is no longer true. Employing such an individual now is, at best, experimental—and could be catastrophic. An increasing array of pharmaceuticals and technical equipment, the complex insurance programs, the public's alert eye to the get-rich-quick malpractice suit and—let's face it—the management of a large business, demand much more than a naive, wide-eyed approach.

This has become a career, the qualifications of which are: Maturity, awareness, learning on the job, evaluation and self-education.

We can see, then, that we must be educated, prepared, and constantly preparing to keep up with our profession. But, in order to do this, it is necessary to find out just what our profession is. The Certification program makes this so simple it is astounding: *This* is a Medical Assistant, and *this* is a Medical Secretary. Now that we know what we are preparing for, we can see what we must seek in the way of education. Not only that, we can show others the way and, thirdly, and perhaps most importantly, the days are limited in which others will ask: "What is a Medical Assistant?" They will *know*!

Lest you falter in your appraisal of the value of an organization such as ours, let me point out to you here, that the report of the Governor's Committee also stated: "Professional associations have shown that effective standards can be maintained." But, as an organization we must first reach a standard to maintain. As Doctor Samp said at our national meeting in Chicago, "The purpose of our organization is to take us out of where we are and put us up where we should be."

I would admonish you individually: Compare yourself with the qualifications of the Certification program, and the requirements of your specific job; evaluate your abilities. Know what you don't know—then do something about it!

I have read that "Knowledge comes by taking things apart—analysis, but wisdom comes by putting things together."

Now that we have discussed analysis, let's discuss putting things together. I might best describe the next subject as: The role of the medical assistant in turning the tide against socialized medicine.

It is becoming increasingly evident that the public is beginning to view medical care as a right, and to look upon prepayment, health insurance type plans as an answer to the financing of medical care.

Making these plans function smoothly is the greatest deterrent we have against the advent of socialized medicine. And we—you and I—the doctor's employees, hold the key to making this a smooth-working, effective tool and, more importantly, one the patient understands.

It is up to us to reverse our present attitude towards insurance forms. We must learn to accept them graciously—even eagerly—with an attitude of working *with* the insurance firms; not in spite of them. We must discourage abuse, and be prepared to educate the patients as to the reason insurance plans cannot possibly "cover everything." Do you know the reason for this? If not, it is up to you to find out. You have the wherewithal in your own local groups to obtain excellent speakers on subjects such as these, and I am suggesting it is your duty to recognize the areas wherein you need more information or training; tell your local program chairman, and work with her to obtain speakers of *real* value to you in your work.

During this discussion I have mentioned many potentials of this group; and there are many more to consider. In the vein of what we were just discussing, have you ever considered what a force this membership could be in bringing to bear the firm establishment of a simplified, standardized insurance form? Much work has been done toward this already, but I would like to submit that, with our aid, this could be much more rapidly accomplished.

Potential is a word to dream on; and build on. Henry Ford once said: "The future fairly startles me with its impending greatness. We are on the verge of undreamed progress."

Let us take a look now at the potential of this organization:

It may be very useful to establish a library at the C.M.A.A. office. This could contain copies of articles, books, speeches, and films, all readily available to C.M.A.A. chapters and members. Eventually it would become a center for the compilation and distribution of much reference material.

Surveys of your needs and desires as members of this organization have been, and will continue to be undertaken. These are well utilized to the benefit of our members.

Placement, not only within our own local groups, but of transferee members has become a very real and valuable part of our service.

You are already aware that one pharmaceutical house has produced a film designed for our use. They are currently planning to make another one on a subject of our choice. This, of course, is being done on a national level. Also being prepared on a national level is recruitment material—very timely

for use by a state that is so rapidly advancing in the preemployment education programs.

We will, because of our national affiliation, be eligible to participate in the excellent Maxine Williams Scholarship Fund.

The exchange of information between members, chapters, states, the C.M.A.A. and A.A.M.A. cannot possibly be evaluated monetarily. This is one place where the word "priceless" takes on real meaning.

Our potential as an adjunct to the Civil Defense program is astounding; and our members are not apathetic! We are concerned that in many areas we are not recognized at our true value to this program. However, that need not deter us. Let us become organized within our local chapters, let every member take a first aid course and be prepared—and when the time comes that we are needed we will be on the spot with what is needed—just as we are daily in our offices.

Recognition is important to us in another area, and this is recognition by the physicians. We are rapidly accelerating and implementing our news coverage and public relations programs—as I'm sure you have already noted. It is my hope that this organization will obtain, and continue to secure representation at each C.M.A. meeting. Although we were not successful in doing that this year, we plan to do it in the future. In the meantime, we are going to make every effort to acquaint each doctor in the state of California with the California Medical Assistants' Association and what it stands for!

However, let us consider something our organization does not stand for. Let us state it loudly and clearly. *We are not interested in collective bargaining for the medical assistant.*

Let us go a little further than our by-laws and discuss why we feel this way:

Just as the doctor does not want a third party interjected between himself and his patient, we do not want a third party in our employer-employee relationship. When an employer treats us well, we know it is because he wants to, not because he was told to. If we are unhappy in our employment situations it is up to us individually to set this aright. Each of us knows that a *good* medical assistant is never long out of work. We consider ourselves

professional persons, and collective bargaining is not compatible with this status.

I would be willing to venture that those medical assistants who are members of this organization are among the best compensated in the state. Notice I said "best compensated"; because compensation need not all be monetary. "Thank you" goes a long way—whatever form it takes. We seek medical assisting jobs because we have found a very satisfying life's work; we belong to this organization because it enhances and enriches our careers—indeed I have met several members who, having been discouraged because of a disillusioning work experience have, nevertheless, stayed in the medical assisting field *because* of the medical assisting organization. This is an important point to consider.

Last year in a statistical course I learned that if one is going to investigate a statement or premise, such as "smoking causes cancer," he must also investigate the reverse; that is: "cancer causes smoking." This is to eliminate bias.

Therefore, let us ask those who doubt us and say we are likely to become a union to give serious thought to this statement: Members of the C.M.A.A. are those persons *least* likely to join a union. Being every bit as individualistic as our employers, we neither need, nor want one!

Let me leave you with this bit of inspiration from Dean Alfange:

I do not choose to be a common man.
It is my right to be uncommon—if I can.
I seek opportunity—not security.
I do not wish to be a kept citizen, humble and dulled
by having the state look after me.
I want to take the calculated risk; to dream and to
build, to fail and to succeed.
I refuse to barter incentive for a dole.
I prefer the challenges of life to the guaranteed existence;
the thrill of fulfillment to the stale calm of Utopia.
I will not trade freedom for beneficence, nor my dignity
for a handout.
I will never cower before any master nor bend to any threat.
It is my heritage to stand erect, proud and unafraid;
to think and act for myself; enjoy the benefits of my
creations and to face the world boldly and say,
"This I have done."

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